

MISSOURI DEPARTMENT OF REVENUE
**EMPLOYER'S WITHHOLDING TAX
UNDERPAYMENT AMENDED RETURN**

FORM
MO-941U
(REV. 11-99)

| | |
|---|---------------------------------|
| MO TAX ID NUMBER | FOR TAX PERIOD (CC,YY,MM) |
| FEIN | FILING FREQUENCY |
| BUSINESS NAME | |
| OWNER'S NAME | |
| MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) | |
| I have direct control, supervision or responsibility for filing this return and payment of the tax due. Under penalties of perjury, I declare it is a true, accurate and complete return. | |
| AUTHORIZED SIGNATURE | DATE |
| MAIL REMITTANCE AND RETURN TO: Missouri Department of Revenue, P.O. Box 999, Jefferson City, Missouri 65108-0999. | |

| | | |
|---|----|----|
| 1. Additional Withholding This Period | \$ | 00 |
| 2. Compensation Deduction | \$ | 00 |
| 3. Previous Overpayments/ Credits | \$ | 00 |
| 4. Additional Balance Due | \$ | 00 |
| 5. Additions to Tax (see Instructions) | \$ | 00 |
| 6. Interest (see Instructions) | \$ | 00 |
| 7. Total Additional Amount Due (U.S. funds only) ... | \$ | 00 |

DOR USE ONLY